SIKKIM

GOVERNMENT



GAZETTE

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GOVERNMENT OF SIKKIM HEALTH CARE, HUMAN SERVICES & FAMILY WELFARE DEPARTMENT

No: 61(f)/HC, HS & FW

Dated: 07.05.2014

NOTIFICATION

1. In pursuance of the guidelines of the Ministry of Health and Family Welfare, Government of India, the State Government is hereby pleased to constitute the "District level Quality Assurance Committee" to redress, dispose and disburse for implementation of Quality assurance programme as per procedure and time frame laid down in the manual constituting of the following members, namely:-

i)	District Collector	Chairperson;
ii)	Chief Medical Officer	Convener;
iii)	District Reproductive Child Health Officer	Member Secretary;
iv)	District Medical Superintendent	Member;
v)	In-charge of Primary Health Centres	Member;
	(one each, by rotation quarterly).	
vi)	Nodal Officers at districts.	Member;
vii)	Medical specialist	Member;
viii)	Anaesthetist	Member;
ix)	Surgeon	Member;
x)	Paediatrician	Member;
xi)	Gynaecologist	Member;
xii)	Deputy Nursing Superintendent /	Member;
	Assistant Nursing Superintendent.	
xiii)	Representative from Legal Cell	Member;
xiv)	Assistant Director (Sanitation)	Member;
xv)	Representative Non-Government-	
	Organisation/ Panchayat Raj Institution.	Member.

2. Terms of Reference:

(1). Dissemination of Quality Assurance policy and guidelines:

The district Quality Assurance Committee will be responsible for disseminating the Quality Assurance guidelines to all the stakeholders.

- (2) Ensuring Standards for Quality of Care:
 The committee will ensure that Quality Assurance standards have been achieved at designated health facilities.
- (3) Review, report and process compensation claims for onward submission to the State Quality Assurance Committee under the National Family Planning Indemnity Scheme for cases of deaths, complications and failures following male and female sterilisation procedures. (for detailed procedures to be followed please refer to the manual on "Family Planning Indemnity Scheme 2013, Ministry of Health and Family Welfare, Government of India").
- (4) In case a facility reports a sterilisation related death, the convenor of the District Quality Assurance Committee should inform the convenor of the State Quality Assurance Committee within 24(twenty-four) hours. Death audit needs to be undertaken by the District Quality Assurance Committee and report sent to the state with a copy to the Ministry of Health and Family Welfare, Government of India, within 1(one) month of the death being reported.
- (5) Capacity building of District Quality Assurance Unit and District Quality Assurance Team: Ensuring that district level orientation and trainings are accomplished in time for District Quality Assurance Unit and also District Quality Assurance Team.
- (6) Monitoring Quality Assurance efforts in the district: The committee needs to ensure that facility assessments and subsequent quality improvement efforts are executed as per plan.
- (7) Periodic Review of the progress of Quality Assurance activities:
 - (a) Will conduct quarterly review meetings and more if needed.
 - (b) Take decisions for corrective actions.
 - (c) Define targets and road maps.
 - (d) During the district level program review meetings the Key performance indicators (KPI) of quality can be reviewed.
 - (e) Reproductive Maternal Neo Natal Child Health score card can be used for assessing the performance of the facilities.
- (8) Supporting quality improvement process:
 - (a) Sanction and release of funds for implementation and improvement of quality.
 - (b) Reflect fund requirement in the annual District Health Action Plan (DHAP) along with justification.
 - (c) Taking all required actions for incentivization of the facilities on attaining the certified status.
- (9) Coordination with the state for:
 - (a) Dissemination and implementation of guidelines.
 - (b) Facilitator support for the visits of State Quality Assurance Committee / State Quality Assurance Unit to the districts.
 - (c) Sharing minutes of District Quality Assurance Committee meeting and monthly reports.
 - (d) Corrective actions and Preventive actions.
- (10) Reporting:
 - (a) The committees' review report to be put on the state National Health Mission website.
 - (b) Share with all district committee members and other stakeholders.
 - (c) Share the Quality Assurance reports with the concerned facility.

3. Process:

- (a) The district quality assurance committee will meet at least once in a quarter.
- (b) The convener will issue meeting notice at least 7(seven) working days before the scheduled date of the meeting with the approval of the chairperson.
- (c) While every attempt should be made to ensure that the chairperson is able to attend the meeting, however, in the absence of the chair, the Convenor shall have the right to convene the meeting. Under such circumstances, the minutes of the meeting should be sent to the Chairperson for information and ratification.
- (d) Member secretary will ensure the preparation of agenda notes, and action taken reports, which will be circulated in advance to all committee members preceding the District Quality Assurance Committee meetings.
- (e) An attendance by at least one third of the Committee members will constitute the quorum required for a valid meeting.
- (f) Member secretary will ensure follow-up actions with responsibilities and timelines for the same
 - (i) The "District Family Planning Indemnity Subcommittee" would meet as often as warranted.
- (g) At least 3(three) members would constitute the quorum of this sub committee.

By order and in the name of the Governor.

DR. K. BHANDARI, DM
DIRECTOR GENERAL-CUM-SECRETARY TO THE GOVERNMENT OF SIKKIM
HEALTH CARE, HUMAN SERVICES & FAMILY WELFARE DEPARTMENT

